

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

4-23-04

CLAIMS

ITEM	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		ITEM	*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
1							51			
2							52			
3							53			
4	1						54			
5		1					55			
6			2	5			56			
7			2	5			57			
8			2	5			58			
9			2	5			59			
10		1					60			
11	1						61			
12		1					62			
13	1						63			
14							64			
15		1					65			
16	1						66			
17	1						67			
18	1						68			
19	1						69			
20	1						70			
21	1						71			
22	1						72			
23	1						73			
24			2	5			74			
25			2	5			75			
26			2	5			76			
27			2	5			77			
28							78			
29							79			
30							80			
31							81			
32							82			
33							83			
34							84			
35							85			
36							86			
37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	11						TOTAL IND.			
TOTAL DEP.	4						TOTAL DEP.			
TOTAL CLAIMS	15						TOTAL CLAIMS			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS